

DEPARTMENT OF HEALTH AND HUMAN SERVICES



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Division of Environmental and Consumer Health Services

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FORM 1
General Information

FOR OFFICIAL USE ONLY:
__ #2 __ #3 __ Pinelands Copy

1. Type of Septic Permit Needed (Check applicable categories):

- New Construction Alteration/No Expansion or Change of Use Alteration/Expansion or Change in Use
- Alteration/Malfunctioning System Deviation from Standards Repairs to Existing System

2. Location of Project:

Municipality _____ Block No. _____ Lot No. _____
Street Address _____
_____ Zip _____

3. Name of Applicant (print): _____

4. Applicant's Present Address: _____
_____ Zip _____

5. Applicant's Phone Number: _____

6. Type Of Facility: Residential Commercial/Institutional(Specify Type): _____

7. System Type: Gravity Gravity Dosing Pressure Dosing Chambers Other _____

8. Type of Wastes to be Discharged: Sanitary Sewage Industrial Wastes
 Other-Specify Type _____

9. Other Approvals/Certification/Waivers/Exemptions (Attach to Application): Pinelands Commission

U.S. Army Corps of Engineers NJDEP-Bureau of Flood Plain Management

Other-Specify: _____

10. I hereby certify that the information furnished on Form I of this application is true. I am aware that false swearing is a crime in this State and subject to prosecution.

Signature of Applicant

Date

FOR OFFICIAL USE ONLY:	CCDH&HS REQUIREMENTS:
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